



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0009; 15-S009

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$220471169
Outpatient Patient Service Revenue	\$183230619
Total Gross Patient Service Revenue	\$403701788

2. Deductions From Revenue

Contractual Allowance	\$217569569
Other Deductions	\$9766641
Total Deductions	\$227336210

3. Total Operating Revenue

Net Patient Service Revenue	\$180882557
Other Operating Revenue	\$5726919
Total Operating Revenue	\$186609476

4. Operating Expenses

Salaries and Wages	\$56795771	Employee Benefits	\$13458713
Depreciation and Amortization	\$10545312	Interest Expense	\$2752502
Bad Debt	\$30753333	Other Expenses	\$5599278
Total Operating Expenses	\$119904909		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3543780	Total Assets	\$133741928
Net Non-operating Gains over Loss	\$22691	Total Liabilities	\$133741926
Total Net Gains	\$3566471		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$187970341	\$120033189.00	\$67937152
Medicaid	\$49061241	\$19036327.00	\$30024914
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$171187275	\$78500143.00	\$92687132
Total	\$408218857	\$217569659	\$190649198

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1098701	\$395936	\$702765

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$491394	\$116517	\$374877
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2.59
Number of Hospital Patients Educated	14230
Number of Citizens Exposed to Health Education Messages	13470

Statement Six: Charity Statement

Hospital Charity Charges	\$6328326.19
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1898498.10	
HCI Payments	\$0		
Subtotal	\$0	\$1898498.10	\$-1898498.1
Medicaid Shortfalls	\$5139808.29	\$7043440.99	
Subtotal	\$5139808.29	\$8941939.09	\$-3802130.8
DSH Payments	\$0		
Subtotal	\$5139808.29	\$8941939.09	\$-3802130.8
Medicare Shortfalls	\$60016594.50	\$54014935.05	
Other Government Programs	\$0	\$1462431.00	
Total	\$65156402.79	\$64419305.14	\$737097.65

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$61025	\$-61025
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$302611	\$168563	\$134048
Other Allocations	\$0	\$0	\$0